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2017-12-27 10:36:45 EST

62122023973 From: Kimberly Laughrey

Division of Corporations

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
TECH DATA FINANCE PARTNER, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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C. GOLDEN
DEC 28 2017

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: TECH DATA FINANCE PARTNER, INC.
2. The principal office address: 5350 TECH DATA DR CLEARWATER, FL 33760
3. The mailing address (if different):

4. Date of incorporation/qualification: 9/24/2002 Document number: P02000103496

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VETTER DAVID R
350 TECH DATA DR
CLEARWATER, FL 33760

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Thomas Anderson (Signature) Thomas Anderson, Secretary (Printed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System (Signature) 12/27/2017 (Date)

If signing on behalf of an entity: Chantalle Rufen-Blanchette, Assistant Secretary (Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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